

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DAUGHERTY FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 58



Check if different than previously reported. (ACC)

SCHNECKSVILLE

PA

18078

2. FEC IDENTIFICATION NUMBER ▼

C

C00506162

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

PA

15

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
04 / 24 / 2012

in the State of

PA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y
04 / 24 / 2012

in the State of

PA

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2012

through

M M / D D / Y Y Y Y
04 / 04 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOSEPH A MASTRIANI

Signature of Treasurer JOSEPH A MASTRIANI

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 11 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)